

## ***HEALTH SCRUTINY Overview & Scrutiny Committee Agenda***

Date Tuesday 6 July 2021

Time 6.00 pm

Venue Council Chamber, Civic Centre, Oldham, West Street, Oldham, OL1 1NL

- Notes
1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or Constitutional Services at least 24 hours in advance of the meeting.
  2. CONTACT OFFICER for this agenda is Constitutional Services Tel. or email [Constitutional.Services@oldham.gov.uk](mailto:Constitutional.Services@oldham.gov.uk)
  3. PUBLIC QUESTIONS - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Thursday, 1 July 2021.
  4. ATTENDANCE DURING COVID-19 – Due to current restrictions, a limited number of members of the public are be able to attend the meeting, therefore this will be on a first come first served basis. Face coverings must be worn at all times and details for track and trace will be required on arrival. The meeting will be streamed live on the Council’s website for the public to watch.
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### MEMBERSHIP OF THE HEALTH SCRUTINY

Councillors Byrne, Cosgrove, Hamblett, A Hussain, Ibrahim, McLaren, Salamat and Toor (Chair)

Item No

- 1 Appointment of Vice-Chair  
To appoint a Vice Chair of the Committee for the 2021/22 Municipal Year.
- 2 Apologies For Absence
- 3 Declarations of Interest  
To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.
- 4 Urgent Business  
Urgent business, if any, introduced by the Chair
- 5 Public Question Time  
To receive Questions from the Public, in accordance with the Council's Constitution.
- 6 Minutes of Previous Meeting (Pages 1 - 12)  
The Minutes of the Health Scrutiny Committee held on 16<sup>th</sup> March 2021 are attached for approval.
- 7 Infant Mortality (Pages 13 - 20)
- 8 NHS White Paper - Integration and innovation: working together to improve health and social care for all (Pages 21 - 42)
- 9 Pennine Acute Transaction - update (Pages 43 - 44)
- 10 Key Decision Document (Pages 45 - 62)
- 11 Health Scrutiny Committee Work Programme 2021/22 (Pages 63 - 70)



**HEALTH SCRUTINY**  
**16/03/2021 at 6.00 pm**

**Present:** Councillor Akhtar (Chair)  
Councillors Alyas, Byrne, Hamblett, Ibrahim, McLaren and Toor

Also in Attendance:

Bruce Penhale	Assistant Director for Children and Young People
David Jago	Chief Officer, Pennine Acute Hospitals NHS Trust
Mike Barker	CCG Chief Operating Officer and Council Strategic Director for Commissioning
Mark Hardman	Constitutional Services
Kaidy McCann	Constitutional Services

1           **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Cosgrove.

2           **DECLARATIONS OF INTEREST**

There were no declarations of interest.

3           **URGENT BUSINESS**

There were no items of urgent business.

4           **PUBLIC QUESTION TIME**

There were no public questions received.

5           **MINUTES OF PREVIOUS MEETING**

**RESOLVED** that the minutes of the meeting of the Health Scrutiny Committee held on 26<sup>th</sup> January 2021 be approved as a correct record.

6           **MINUTES - JOINT HEALTH SCRUTINY PANEL FOR PENNINE CARE NHS TRUST**

**RESOLVED** that the minutes of the meeting of the Joint Health Scrutiny Panel for Pennine Care NHS Trust held on 26<sup>th</sup> January 2021 be noted.

7           **UPDATE ON DEVELOPMENT OF EARLY HELP**

The Committee was provided with an update on the development of the early help offer for children and families in Oldham and the connections to other areas of activity, including place-based working. The update also highlighted linkages to a range of other work relating to prevention and early intervention in the Borough.

Work in relation to the development of the early help offer for children and families, moving in focus from Oldham Family Connect to the development of the multi-agency early help offer with a strong commitment across the Children's safeguarding Partnership to make early help everyone's business, was reported. This development responded to the 2018 statutory guidance 'Working together to safeguard children' and included addressing parental issues such as poor mental health, drug and alcohol misuse and domestic abuse which impacted upon the lives of children in the family. "Working together..." highlighted the need for local organisations and agencies to work together to identify children and families who would benefit from early help; undertake an assessment of their need for early help; and provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to promote outcomes for the child. There were three levels of need identified, and the measures to address these needs were outlined in the submitted report.

There had been an ongoing reorganisation of the internal targeted early help teams with the new structure going live on 1st April 2021. Key drivers for change had been strengthening the multi-agency effectiveness of early help; establishing integrated multi-agency working arrangements; preventing the needs of children and families from escalating; and reducing the need for children and families to be transferred between teams. The reorganisation formed part of the wider multi-agency rollout of a district delivery model across Oldham, with many partners organising service delivery around the five districts. Multi-agency district teams would be able to deliver better outcomes for children and families because of greater knowledge of local communities and closer working across agencies being developed. Other developments and projects being progressed across the partnership were further reported and considered.

The demand for early help over the past year was considered. A drop in demand following the onset of Covid-19 in March 2020 was noted, but numbers subsequently rose again. There had been clear peaks at the points children returned to school, reflecting the numbers of referrals for support made by schools. It was anticipated that the return of children to school in March 2021 would result in a further increase in demand for early help support, reflecting the pressures on families during Covid-19. During this period early help teams had prioritised having regular face-to-face contact with families in order to ensure the visibility of vulnerable children, an approach adopted across all services supporting children and families.

Further to queries concerning the allocation of workers to districts, the Committee was advised that the allocation of workers was reflective of service demand, being driven by the number of cases and families requiring help. This would be reviewed over time and changed, if necessary. The internal restructuring was in process and was expected to be completed in the coming weeks following which a small number of vacancies may remain. Staff had been asked to indicate

location preferences, for example, they may have worked in a particular area previously or may have language skills, but office bases were now considered less important as staff would be visiting family homes and could also work from their own home. Positive Steps had been commissioned to deliver the all age intervention service and this service had a full complement of case workers. It was confirmed that the Multi Agency Safeguarding Hub (MASH) would continue to work centrally to maintain social care oversight.

The monitoring of services to BME and other hard to reach communities was queried, particularly as Covid had made it difficult to pick up cases. The recording of services provided was recorded but not to the quality wanted by the Service. The Committee was advised that a performance improvement activity was underway to improve data quality, Members expressing interest in having sight of such data. Comment was made to training provided for parents and a request made for the title of training such as 'parenting skills' to be reconsidered, it being suggested that this might be off-putting for a number of reasons.

The locations for District Team Managers was queried, along with what might happen to current buildings. The Committee was advised that discussions in this regard were still ongoing, but it was intended to make better use of current buildings and that the use of Teams during the Covid period might point to the use of 'touch-down' points at Hubs where Managers might use of facilities, provide courses etc. Local governance arrangements had yet to be resolved and were being looked at collectively to determine how best to meet the needs of children.

**RESOLVED** that developing approach to the multi-agency early help offer be noted.

8

## **PENNINE ACUTE TRUST TRANSACTIONS UPDATE**

The Committee was provided with an update on the transaction and future arrangements for Pennine Acute Trust (PAT) hospitals.

The key messages highlighted to the Committee were that:

- the Trust was now technically ready to deliver the safe disaggregation (i.e. separation) of PAT sites and services on 1<sup>st</sup> April 2021 as planned;
- from 1<sup>st</sup> April, Manchester University NHS Foundation Trust (MFT) would formally acquire and be responsible for North Manchester General Hospital (NMGH). The Northern Care Alliance (NCA) would continue to deliver some services on that site or jointly through a Service Level Agreement;
- due to the pandemic and the complexity of the NCA's part of the PAT transaction, NCA had asked for an extension by up to six months to formally complete their part of the legal transaction; and



- a two phased approach would therefore be enacted to complete the PAT Transaction and the final dissolution of PAT by no later than the end of September 2021.

Members were reminded that the NCA Group had made significant improvements across PAT services over the past five years, supported by a transaction programme preparing for the formal change in ownership of the Oldham, Rochdale and Bury hospital sites to Salford Royal NHS Foundation Trust to form the NCA: the transaction also involved the formal change in ownership of the NMGH to MFT. Enormous effort had been invested into understanding and planning how to safely disaggregate PAT and its services, including work with NHS England/Improvement and MFT and with engagement and input from staff and clinical teams. The process would be concluded in the timescales as outlined above, subject to approval by regulators and the Secretary of State for Health.

The NCA Group would progress with plans to recover from the pandemic and in continuing to develop new ways of working, mobilising services across the NCA, and integrating services and care within the localities across the NCA area. Staff and patients would benefit from investments and developments being made across NCA sites, including at the Royal Oldham Hospital, a continued focus on research and innovation, and the progression of the Digital Control Centre.

The financial position of the Trust was queried, given the deficit position that had existed for a period of time. Clarification was also sought as to the treatment of the balance outstanding on liabilities, how these would be applied to the NCA and MFT, and how they would be addressed going forward. The historic PAT debt was acknowledged and the Committee advised that the transaction included a medium term financial plan to see delivery of a programme of improvements to productivity while achieving 4% efficiency savings to get the NCA into a sustainable, breakeven position. It was confirmed that capital improvements at NMGH from 1<sup>st</sup> April 2021 would be the responsibility of the MFT.

The implications of the six month delay on staffing vacancies and capital works was queried. Members were advised that a business as usual approach was being adopted, with all necessary posts being filled and the capital programme continuing. Capital resourcing going forward into 2020/21 across Greater Manchester was a challenge, as aspirations exceeded available resources.

Disappointment was expressed at the reported delay in the transaction but the greater complexity of the NCA process over the transfer of the NMGH was noted. It was suggested that caution needed to be exercised to ensure that the delay did not cause issues with the capital rebuilding proposals or risk the watering down of Oldham based services. That disappointment was shared by Members, but the great strides made to date by

the NCA and by staff at the Royal Oldham Hospital were noted, and the thanks of the Committee for the work of staff members in support of the improvements made were noted.



The Committee considered the timing of any future update, it being suggested that the Committee consider the transaction programme as a standing item for six months to keep focus on how services were configured and delivery of the Healthier Together programme to ensure services remained on site.

**RESOLVED** that

1. the report be noted
2. the Pennine Acute Transaction remain a standing item on the Committee agenda for the next six months.

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**UPDATE ON NHS DEVELOPMENTS AND PLANNING FOR 2021/22**

The Committee received a presentation that advised the Committee of NHS developments over the coming months.

Considering the final quarter of 2020/21, the Covid second wave meant that the winter period had been another challenging time for the NHS and presented five key tasks of responding to Covid-19 demand; implementing the Covid-19 vaccination programme; maximising capacity in all settings to treat non-Covid-19 patients; responding to other emergency demand and managing winter pressures; and supporting the health and wellbeing of the workforce. Activities and programmes supporting each of these key tasks were advised.

Looking to 2021/22, whilst full guidance had not been provided, it was known that national themes would be around recovery from Covid, especially focused on elective care and waiting lists; primary and community care; health inequalities; people and workforce; mental health; and integrating care. Locally, Oldham's health and care phase 3 recovery assessment had been established and a six month plan with eight priorities of cancer; elective; workforce; mental health and learning disabilities; health inequalities; primary care; winter; and integrated care determined. Actions underway and planned to further address these priorities were outlined in the presentation.

A process for the transition to an integrated system model for health and social care during 2021/22 was advised, with a view to shadow running from September 2021. The presentation considered the vision and principles behind this development and the issues being considered in the development of new systems and arrangements. It was, however, noted that the recent NHS White Paper pointed to a further period of change in the NHS and an offer was made to report further to the Committee on the developments and local implications that would follow.

Members of the Committee recognised the work undertaken over the past 12 months and expressed their appreciation of all

the NHS staff who had worked hard in order to keep services up and running in difficult circumstances. While Covid remained an issue, the major challenge of tackling waiting lists was recognised and the planning and prioritisations around addressing this was queried, with the managing of patients with cancer and other long term conditions being particularly highlighted. The Committee was advised that work on clinical prioritisation had been undertaken nationally and across Greater Manchester looking to prioritise those in most clinical need: this could mean that conditions which might be painful but not life-threatening would be of lower priority. The next stage would be to match up that demand with available resources, noting that capacity was reduced due to, for example, beds having to now be further apart and there being the same number of doctors etc., for which planning considerations were underway.

The reported preparation of a new equality strategy for Oldham was noted, with a comment being made that health inequalities had been recognised for decades and had been the subject of many previous reports and strategies. There was a concern that this would just be another Strategy document and that concrete actions needed to be put in place now to address these issues. The Committee was advised of certain developments during the Covid period, for example, the holding of special vaccination clinics for people with learning disabilities and autism who needed certain conditions to receive their vaccination and in Mosques to be responsive to local needs, and the challenge was to carry these approaches over into the post-Covid period. 'Population health management' would become a recurrent message over the coming months, highlighting the need to get to know local communities, what is happening in them and being able to plan to deliver appropriate health and other supporting services to specific areas, recognising that a 'one size fits all' approach could not meet health needs across the Borough.

Reference was made to the NHS White Paper and a view expressed that the Committee should have an input into this issue. That governance would change was acknowledged, and an interest in following this process was expressed. It was emphasised that health services must continue to be patient orientated, and this needed appropriate publicity and public understanding of the system and how to appropriately access A&E, GPs etc. The need to map out access, perhaps in the form of a 'customer journey' was suggested, as the proper access to and use of services would make best use of resources.

**RESOLVED** that

1. the presentation on NHS development and planning for 2021/22 be noted;
2. further reports be submitted to the Committee providing additional detail in respect of the NHS White Paper and in following developments arising from the White Paper, a consideration of the 'patient journey', and local and Greater Manchester-wide elective waiting lists and clinical prioritisation considerations.



## COVID VACCINATIONS - UPDATE

The Committee was provided with an update on the Oldham Covid Vaccination Programme, a presentation being received which considered -

- the number of vaccinations delivered to the Oldham registered population within each of the priority Cohorts identified by the Joint Committee on Vaccination and Immunisation (JCVI);
- the progress made in each of the Oldham Primary Care Network areas in respect of JCVI Cohorts 1-6;
- vaccinations delivered by ethnicity across the Oldham registered population;
- vaccination uptake by Ward across the Borough generally, and by JCVI Cohorts 1-6 specifically;
- vaccine uptake across ethnicity and the Index of Multiple Deprivation;
- vaccination of the Oldham population by site/location of vaccination centre;
- comparison with other Greater Manchester CCG vaccination programmes; and
- staffing vaccinations rates across health and care sectors in Oldham.

The Committee was advised that over 90,000 people had been vaccinated since 14<sup>th</sup> December 2020, the majority being first doses but with the number of second doses now increasing. The vaccination programme had followed the government priority of protecting life and so had worked through the nationally identified priority Cohorts in order. There had been a very high take up among the Cohort 1-4 group and Oldham stood well in benchmarked performance. Responding to issues highlighted by the vaccination by ethnicity data, a number of pop-up clinics had been held which had delivered good results in certain hard to reach areas. The consideration of ethnicity and deprivation demonstrated the need for work with the voluntary sector, a need to understand the needs of communities, and the need to develop solutions to deliver vaccinations in tailored ways.

A Member considered that the good attendance at local clinics was a sign that accessibility and communications were key issues to get engagement with the vaccination programme. The Committee was advised that government requirements for vaccination centres had been intensive but that local work had been undertaken to find a way to deliver local provision, the effectiveness of which was being demonstrated by the data. The need to consider women only events and targeted communications was suggested and would be further considered, the issue also highlighting the need to give a broader consideration as to who might be regarded as a potential target group.

A Member noted that they had observed attendance at a vaccination clinic where those attending had appeared younger than might have been expected and requested a breakdown of the ethnicity vaccination data by age. In response the Committee was advised that there was confidence that the right groups were being identified. However, local GPs had no sight of the national vaccination programme meaning that at times some people may have two appointments which could result in other Cohorts being invited to local clinics to avoid wastage. If calls for vaccination were not responded to, it was confirmed that these cases were followed up.

Comment was made as to issues with the receipt and follow up of invites received from GPs, of the national programme not providing local venues, and of GPs not being able to offer a local alternate option when a national programme appointment had been given. The need to target the areas with the lowest take-up was stressed as this should, it was suggested, reduce the overall infection rate. While the results from recent weeks were positive, it was further suggested that problems with take-up related more to levels of deprivation than ethnicity, with the more deprived areas being more likely to be at risk and less likely to accept the vaccine offer. The need to consider other approaches, for example, through targeting particular employment sectors or different groups, for example, as the target age groups became younger, was considered. The comments were acknowledged, with the circumstances early in the vaccination programme such that only 48 hours notice of vaccine supply was provided meaning that contacts by text had been necessary being reported.

A number of suggestions were made in discussion as to potential venues for vaccination clinic to pick up various communities and age groups. The Committee was advised that a weekly meeting was held with GPs who held responsibility for the vaccination programme and any venue suggestions made would be fed into this process.

**RESOLVED** that the report be noted.

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### **COUNCIL MOTION - BAN ON FAST FOOD AND ENERGY DRINK ADVERTISING**

The Committee was reminded that a Council Motion 'Ban on Fast Food and Energy Drink Advertising' had been referred to the Health Scrutiny Committee for consideration. The Committee had subsequently made and referred recommendations for consideration to the Cabinet. Members were advised of the response of the Cabinet to these recommendations and invited to consider the next step in their consideration.

A Motion to Council 'Ban on Fast Food and Energy Drink Advertising', referred from the Council meeting held on 11<sup>th</sup> September 2019 to the Overview and Scrutiny Board for consideration, had read –

“Council notes that:

- Fast food contains high level of fats, salt and sugar and energy drinks often contain high levels of caffeine and sugar.
- Excessive consumption of these products contributes to obesity, tooth decay, diabetes, gastro-intestinal problems, sleep deprivation and hyperactivity.
- The Royal College of Paediatrics and Child Health predicts half of all children in the UK will be overweight or obese by 2020.
- The Mayor of London banned all fast food advertising on publicly-controlled advertising spaces across London’s entire transport network.
- Sustain and Foodwatch recently published a report ‘Taking Down Junk Food Adverts’ which recommends that local authorities regulate adverts on public telephone boxes and that the Advertising Standards Authority should be able to regulate advertising outside nurseries, children’s centres, parks, family attractions and leisure centres.

As a local authority with a statutory responsibility for public health, Council believes that it should do all that is possible to discourage the consumption of fast food and energy drinks.

Council therefore resolves to:

- Ask the Chief Executive to write to the Chief Executive of Transport for Greater Manchester asking TFGM to impose a ban on the advertising of fast food and energy drinks on publicly owned poster sites etc across the Greater Manchester transport network.
- Ensure that fast food or energy are not advertised on any hoarding or within any building owned by this Council including large advertisements on bus stops.
- Ensure that such products are not sold to children or young people on any of our premises.
- Ask our NHS, social housing, voluntary and private sector partners, including the Mayor of Greater Manchester, to make a similar undertaking.
- Ask the Chief Executive to write to the relevant minister requesting the recommendations of the ‘Taking Down Junk Food Adverts’ report be adopted as government policy as soon as possible; copying in our local members of Parliament to seek their support.”

The Motion had subsequently been referred to the Health Scrutiny Committee which gave consideration to the issues at meetings held on 7<sup>th</sup> January, 7<sup>th</sup> July and 1<sup>st</sup> September 2020, the Committee resolving at the latter meeting such that -

1. the Motion be referred to the Cabinet with a recommendation that the issues raised within the Motion relating to a Ban on Fast Food and Energy Drinks Advertising be progressed on a Greater Manchester-wide basis, that the matter be discussed with the Leaders of the other

- Greater Manchester authorities, and that the Mayor of Greater Manchester be requested to run a campaign on these issues in conjunction with the Greater Manchester local authorities;
2. the Cabinet be requested to submit a progress report on actions taken to this Committee.

The Committee was advised that the Cabinet, at a meeting held on 25<sup>th</sup> January 2021, had considered the recommendations of the Committee and resolved that -

1. The issues raised within the Motion relating to a Ban on Fast Food and Energy Drinks Advertising be progressed on a Greater Manchester-wide basis, that the matter be raised with the Leaders of the other Greater Manchester authorities, and that the Mayor of Greater Manchester be requested to run a campaign on these issues in conjunction with the Greater Manchester local authorities.
2. A progress report on actions taken in relation to the issues raised within the motion to a Ban on Fast Food and Energy Drinks Advertising be submitted to the Health Scrutiny Committee.

Consideration was given as to whether, in light of the response of the Cabinet, the Committee's consideration of this matter was substantially complete and the Council should be advised accordingly.

**RESOLVED** that

1. the report be noted and referred to the Council;
2. an update report on the progress of actions linked to the Council Motion be received in due course and the Committee work programme be updated accordingly.

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**COUNCIL MOTION - NOT EVERY DISABILITY IS VISIBLE**

The Committee was reminded that a Council Motion 'Not Every Disability is Visible' had been referred to the Health Scrutiny Committee for consideration. The Committee had subsequently made and referred recommendations for consideration to the relevant Portfolio Holder and Officer. Responses received to these referrals were reported and the Committee was invited to consider the next step in their consideration.

A Motion to Council 'Not Every Disability is Visible', referred from the Council meeting held on 9<sup>th</sup> September 2020 to "Overview and Scrutiny" for consideration, had read –

““This Council notes that:

- The charity Crohn's and Colitis UK is encouraging venues providing accessible public toilets to install new signage. This is to help stop stigma and discrimination towards people with 'invisible illnesses' such as Crohn's Disease or ulcerative colitis.
- There have been instances nationally where such individual using an accessible toilet have been accused by staff members of being ineligible to use them.

- These signs have two standing figures and a wheelchair user with the words Accessible Toilet and the logo 'Not every disability is visible'.
- The Government has decided recently that large accessible toilets for severely disabled people – known as Changing Places – will be made compulsory for large new buildings, such as shopping centres, supermarkets, sports and arts venues, in England from 2021.

Council resolves to:

- Ensure that accessible toilets on Council premises bear these signs.
- Ask town and district centre retailers and leisure outlets to do likewise with their accessible public toilets.
- Seek advice from the charity Crohn's and Colitis UK on the information and training we should provide to Council staff members. This is so they understand these illnesses and to prevent potential embarrassment for those who suffer with them
- Ensure that any Changing Places toilets in our buildings are properly signposted for visitors.
- Ensure that the requirement to provide new Changing Place toilets is included within the Council's future plans for new public buildings in the borough."

The Motion had subsequently been referred to the Health Scrutiny Committee which gave consideration to the issues at a meeting held on 8<sup>th</sup> December 2020, the Committee resolving at the latter meeting such that –

1. the issue of signage of accessible toilets as suggested by the Crohn's and Colitis 'Not every disability is visible' campaign be forwarded to the relevant Cabinet Member and Officers to look at and cost up the necessary changes and to report further to this Committee to enable the Committee to prepare a report on this matter;
2. the provision of a Changing Places toilet facility at the Spindles Shopping Centre be referred to the relevant Portfolio Holder and Officers to look at and cost up to consider whether this could be provided, to apply for relevant grants and progress if the funding is forthcoming, and to report back to this Committee.

The Committee was advised that the Leader of the Council (as the relevant Cabinet Member) had given his support to the costing of proposals and that the Director of Economy had advised such that "The Town Centre and Estates teams have confirmed the following actions in support of the resolutions from Health Scrutiny Committee -

- New corporate signage confirmed in alignment with the "Not every disability is visible" documentation.
- The new signs were costed and installed across corporate estate for all accessible toilets.
- Information has also been shared with TEAM OLDHAM estates colleagues for wider application in all public estate toilet facilities

- The list of public toilets and information about accessible toilet facilities has been update on the council website for consistency and public awareness.
- Estates team are aware that any / all refurbishments to buildings need to ensure / include accessible changing facilities. This is embedded into the redevelopment plans for the spindles shopping centre and will be included as a baseline requirement for all corporate projects.”

Consideration was given as to whether, in light of the responses received, the Committee’s consideration of this matter was substantially complete and the Council should be advised accordingly.

**RESOLVED** that the report be noted and referred to the Council.

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### **HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2020/21**

The Committee gave consideration to the updated Health Scrutiny Committee Work Programme for 2020/21. Members’ attention was drawn to the proposed implementation of the revised overview and scrutiny terms of reference, agreed by the Council in June 2020, with effect from the forthcoming Municipal Year.

The Committee was advised that the outcomes from the further meeting held to discuss Northern Care Alliance employment and training opportunities, as agreed by the Committee at the meeting held on 26<sup>th</sup> January 2021 and which had been held on 8<sup>th</sup> March 2021, would be included in the outturn Committee work programme.

**RESOLVED** that the Health Scrutiny Committee Work Programme 2020/21, as presented, be noted.

The meeting started at 6.00 pm and ended at 7.58 pm

## Report to Health Scrutiny Committee

# Infant Mortality – Update

**Portfolio Holder:**

Councillor Zahid Chauhan, Cabinet Member for Health and Social Care

**Officer Contact:**

Katrina Stephens, Director of Public Health

**Report Author:** Rebecca Fletcher, Consultant in Public Health  
**Ext.**

**June 2021**

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### **Purpose of the Report**

The Health Scrutiny Committee has requested a report on infant mortality in Oldham and our actions to reduce these deaths.

### **Summary of the issue:**

This report provides an overview of infant mortality in Oldham, and the work currently being undertaken to reduce the rates.

## 1. Background to Infant Mortality in Oldham

- 1.1 Infant mortality has a devastating impact on the lives of the families of Oldham. The highest priority for the long-term health of the population is to ensure that children are given the best start in life. Infant mortality is defined as the death of a child aged under 1 year.
- 1.2 Oldham's infant mortality rate has been higher than the North West and England rates consistently for over a decade. Oldham's most recent rate for 2016 - 2018 was 5.95 per 1,000, making it significantly higher than the national figure of 3.9 per 1,000.

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼	
England	–	7,434	3.9	
CA-Greater Manchester	–	522	5.0	
Manchester	–	134	6.1	
Bolton	–	64	5.8	
Oldham	–	55	5.7	
Rochdale	–	48	5.5	
Stockport	–	45	4.7	
Salford	–	49	4.6	
Bury	–	28	4.2	
Wigan	–	40	3.8	
Tameside	–	31	3.7	
Trafford	–	28	3.6	

**Figure 1: Greater Manchester Infant Mortality Rates 2017-2019, crude rate per 1,000**

- 1.3 Infant Mortality is indicative of the health of the whole population. It reflects the state of the wider determinants of health including socio-economic and environmental conditions within a community. Infant mortality rates are significantly higher in the 10% most deprived areas compared with the 10% least deprived in England, and this difference has remained relatively constant since 2010<sup>1</sup>.
- 1.4 Oldham ranks 19th most deprived out of 317 local authorities in 2019 Indices of Deprivation (IMD) data. Seven of Oldham's wards (out of 20) appear in the bottom 10% nationally for overall IMD ranking. Ten wards appear in the bottom 20%. In terms of specific domains within the index, 4 wards fall within the bottom 10% and 9 wards within the bottom 20% for Income Deprivation Affecting children
- 1.5 National research has demonstrated that there is a correlation between child poverty and the rates of deaths in children, including infants. The recent report on this issue from the National Child Mortality Database<sup>2</sup>, which is based on data for children who died between April 2019 and March 2020 in England, finds a clear association between the risk of child death and the level of deprivation (for all categories of death except cancer).
- 1.6 More specifically, the research found that over a fifth of all child deaths might be avoided if children living in the most deprived areas had the same mortality risk as

<sup>1</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/childhoodinfantandperinatalmortalityinenglandandwales/2019>

<sup>2</sup> [https://www.ncmd.info/wp-content/uploads/2021/05/NCMD-Child-Mortality-and-Social-Deprivation-report\\_20210513.pdf](https://www.ncmd.info/wp-content/uploads/2021/05/NCMD-Child-Mortality-and-Social-Deprivation-report_20210513.pdf)



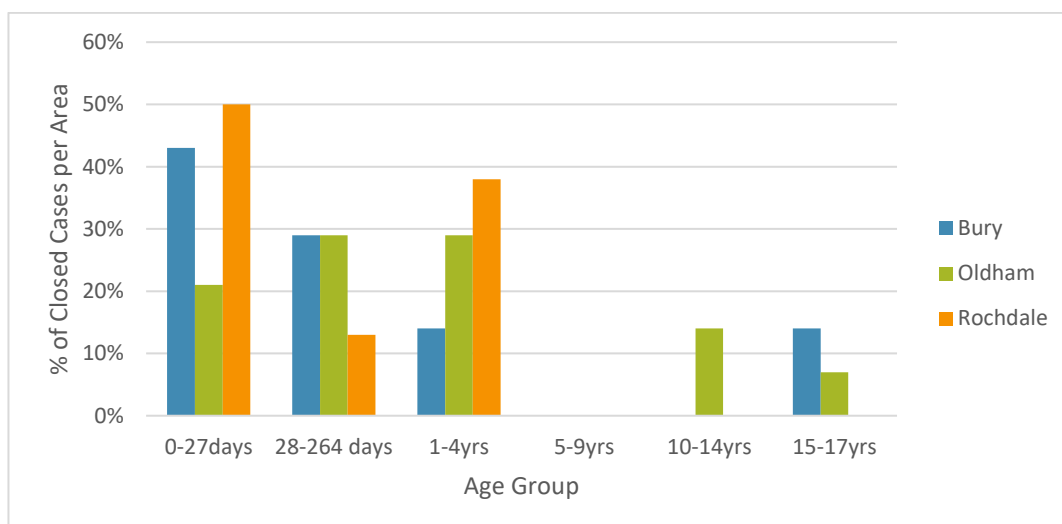
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those living in the least deprived – which translates to over 700 fewer children dying per year in England.

- 1.7 Key contributing causes of death include congenital abnormalities, babies that are small for gestational age, and extreme preterm births. To reduce the prevalence of these, public health approaches should focus on those women living in the poorest areas, and work to reduce smoking, unplanned pregnancies, maternal obesity and better engagement with those with maternal disorders such as diabetes. In addition, wider determinants of health were found to be factors identified in deaths of children who live in poverty including overcrowded housing, lack of access to interpreting services, and poor maternal health in pregnancy.

## **2. Current Data in Oldham**

- 2.1 Infant mortality is an important health inequalities issue in Oldham. Deaths under 28 days account for 5% of the life expectancy gap within Oldham and between Oldham and England.
- 2.2 The Child Death Overview Panel (CDOP) for Oldham, Bury and Rochdale (ORB), is one of the four CDOPs in Greater Manchester (GM). The CDOP reviews all child deaths under 18 years, but not including still births, late foetal loss or termination of pregnancy. The panel do not determine the cause of death but instead explores all the factors surrounding the death of the child. This learning enables required actions to be taken to protect the welfare of children and prevent future deaths.
- 2.3 Every year, each CDOP collates information on the cases that have been closed in the last 12 months in order to review for themes. This enables each area to identify any lessons learnt and recognise where population level interventions are required to reduce future child deaths.
- 2.4 In 2019/2020 there were 79 notified cases for Oldham, Bury and Rochdale. In that year 29 cases were reviewed to determine any factors or learning; however, these deaths did not necessarily occur in the last 12 months.
- 2.5 Children are at the highest risk of death in the first year of life, and this is identified within the ORB data, 34% of cases were in the neonatal period and 58% in the first year of life. In relation to this, perinatal and neonatal events continue to be the most common cause of death, this is consistent with GM and national findings. Across ORB 35% deaths were caused by a perinatal/neonatal event, the leading cause of child death locally and nationally. The second most common cause of death was chromosomal/genetic/congenital abnormalities equating to 18% of the closed cases.



**Figure 2: Oldham, Bury and Rochdale Child Death Overview Panel - Proportion of closed cases by Age Band 2019-2020**

- 2.6 Modifiable factors recognised by GM, that were identified in ORB cases included: Maternal obesity, maternal smoking in pregnancy, parental smoking and unsafe sleeping. Other factors identified included drug and alcohol use, hospital and clinical factors and housing issues.
- 2.7 Preterm delivery and the associated complications are the leading cause of infant mortality. Preterm delivery is defined as any birth before 37 weeks of pregnancy and can be subdivided depending upon gestational age. The earlier the gestation at which a baby is born, the higher the risk of infant death<sup>3</sup>. Preterm delivery is associated with risk factors such as poverty and maternal smoking<sup>4</sup>. 76% of all deaths in children under 1 year were born prematurely across ORB. This was consistent across all three localities ranging from 71% -80%.
- 2.8 Low birth weight, defined as under 2500 grams, is often caused by a premature birth, and whilst some risk factors are unavoidable others include maternal smoking, drug and alcohol use, poor pregnancy health and nutrition, pregnancy related complications and mothers young age<sup>5</sup>. Across ORB 59% of closed cases under 1 year were associated with a low birth weight.

### 3. Current activities in Oldham to reduce Infant Mortality

- 3.1 A key element of the Oldham approach is taking a strengths-based and person-centred approach to understand what matters to people rather than being led by service priorities to build a system which works for residents.
- 3.2 Taking this approach has enabled us to implement approaches such as Family Nurse Partnership, Right Start Services (0-5s), and Social Prescribing which are able to work whole system and whole person to really understand the wider determinants of presenting needs and respond accordingly drawing on assets both within public services and the wider community.

<sup>3</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/childhoodinfantandperinatalmortalityinenglandandwales/2018#:~:text=1.,Main%20points,of%203.6%20recorded%20in%202014>

<sup>4</sup>[https://www.rcpch.ac.uk/sites/default/files/2018-10/child\\_health\\_in\\_2030\\_in\\_england\\_report\\_2018-10.pdf](https://www.rcpch.ac.uk/sites/default/files/2018-10/child_health_in_2030_in_england_report_2018-10.pdf)

<sup>5</sup><https://www.nuffieldtrust.org.uk/resource/low-birth-weight>

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3.3 There are key programmes of work that aim to reduce the risk of infant deaths across Oldham. Below are the details on 1) smoking cessation in pregnancy, 2) genetic outreach 3) safer sleeping 4) support for new families

#### **4. Smoking in Pregnancy**

- 4.1 Smoking and exposure to secondhand smoke during pregnancy is responsible for an increased rate of stillbirths, miscarriages and birth defects.
- 4.2 The primary aims of the GM Supporting a Smokefree Pregnancy Scheme (SaSFPS) are to improve the health of pregnant women, to reduce health risks to their unborn children and address the GM Infant Mortality Review sitting alongside the Saving Babies Lives care bundle element 1: Reducing Smoking in Pregnancy and the NHS Long Term Plan. In this context the key objective of the programme is to encourage pregnant smokers to stop smoking. Stopping smoking will not only benefit women who smoke and are planning a pregnancy, are already pregnant or have an infant aged under 12 months but will also benefit the unborn child of a woman who smokes, any infants and children she may have, her partner and others in her household who smoke.
- 4.3 The ambition of the Smoking in Pregnancy programme is to reduce smoking in pregnancy across GM through a standardised smokefree pregnancy pathway with investment in workforce development, equipment, and a targeted intervention aimed at our highest risk population. Initially, the programme aimed for a reduction in smoking status at time of delivery (SATOD) to the England average (10.5%) with an ambition to be better than the England average by the end of 2021 and ultimately for no woman to smoke during her pregnancy.
- 4.4 Oldham was part of the original roll-out of the SaSFPS and moved to a Maternity-led Smokefree Pregnancy model in Summer 2020, and now has a Specialist Midwife and two dedicated Maternity Support Workers based at The Royal Oldham Hospital
- 4.5 Over recent years Oldham has seen reductions in the rates of women smoking when they are pregnant, from 16.1% in 2013/14 to 13.6% in 2019/29, however, we know there is significant variation in rates within the borough. Initial data from NHS Digital shows that SATOD rates in Oldham for December 2020 had dropped to 10.5%, despite the impact of local COVID restrictions. However, whilst we are seeing reasonable levels of women who achieved a 4 week quit (4WQ) remaining quit at 12 weeks post-partum (50%), we are not currently meeting the GM target of 60% for the percentage of women recruited on to the scheme who achieve a 4WQ (currently at 46%).
- 4.6 The Maternity Smoking in Pregnancy (SIP) Team have made considerable progress and are continuing to adapt the service offer during the ongoing COVID-19 pandemic. They have implemented Nicotine Replacement Therapy (NRT) direct supply on both antenatal and postnatal wards and NRT is also now available to be given in clinics which creates a 'one stop smoking shop'.
- 4.7 There has also been a robust workforce development programme undertaken by the SIP Team with the wider Maternity Team, including, Smoking Cessation (Baby Be Smoke Free) training, NRT training and Public Health training, which has been incorporated as part of the induction programme for all Midwives.
- 4.8 The SIP Team continue to deliver the Smokefree Pregnancy Incentive Scheme which targets a defined group of vulnerable women (teenage pregnancy, living in areas of high deprivation, living in areas of high smoking rates, smoked at point of delivery in last pregnancy) living in communities where smoking rates are highest, and who would find it hardest to maintain a quit without additional support.

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4.9 And finally, the SIP Team work with the Community Stop Smoking Service (as part of the Health Improvement and Weight Management Service – Your Health Oldham) to strengthen pathways to support partners and others in the household who smoke by providing clear advice about the danger that other people's tobacco smoke poses to the pregnant woman and to the baby – before and after birth – and offers help to stop smoking by using evidence-based multi-component interventions and pharmacotherapy.

## **5. Genetic Outreach**

5.1 All the cases reviewed by the Oldham Bury and Rochdale CDOP last year that related to chromosomal, genetic and congenital abnormalities were children of Black, Asian or minority ethnicity. In addition, overall, there were higher rates of child deaths in Black, Asian or minority ethnicity groups across Oldham. This was consistent across GM and it is important that this inequality is addressed. Consanguinity is a known risk factor for congenital abnormalities and therefore an important risk factor when addressing child deaths.

5.2 As a response to this, Oldham Council has commissioned a genetic outreach service since 2015. The service aims to raise genetic literacy and awareness in affected communities in Oldham in order to support informed marriage and reproductive choices. The service was recommissioned this year and is provided by HomeStart. The service also aims to raise awareness of:

- The impact of genetic disorders on infant and childhood mortality locally
- Knowledge of genetic and cultural issues related to consanguineous marriage
- The health services that people can be referred to for further help/information
- How to initiate conversations appropriately in the community

## **6. Safer Sleeping Programme**

6.1 Following the completion of a local case review on the sudden and unexpected death of a baby in Oldham the Children's Safeguarding Partnership agreed to undertake a piece of work relating to safer sleep. This work was later reinforced following the publication of the National Child Safeguarding Practice Review of Sudden and Unexpected Deaths in Infancy (SUDI). Both local and national reviews identified challenges relating to the application of safe sleep guidance in the home.

6.2 A multi-agency task and finish group is leading this work in Oldham and have identified that whilst safe sleep messages are provided regularly and consistently by midwifery and health visiting services, they are not always being followed by family members.

6.3 The group have begun an engagement exercise with the aim of speaking with new parents and family members about safe sleep, the advice given and any potential barriers to the advice being followed. Once complete the engagement exercise will inform the development of new policies, guidance and resources locally to support parents and reduce the risks of sudden and unexpected deaths relating to unsafe sleeping arrangements.

## **7. Under 2 year old programme**

7.1 In April 2020 it was acknowledged across partners the concern about Covid -19 and the impact of "lock down" on families with young children and babies. With the limitations in

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support available to new families, early identification of support needs might be missed, and when an increase in presentation of 0-2's with fractures was identified, a multiagency review group was established to understand the individual circumstances, understand themes and plan a joint response.

- 7.2 On review it was identified that the majority of these cases were accidental injuries where the wider impact of Covid-19 was a potential contributing factor, primarily linked to increased family pressure due to lockdown which lead to reduced supervision of young children. It was recognised that in many of these cases accident prevention and parenting supervision messaging might have prevented the injuries.
- 7.3 The review group developed an action plan which focused on the identification of vulnerable babies across agencies, awareness raising messages for parents and professionals, re-introduction of face to face contact by health visitors to offer additional support and assessment to new parents (which was outside of national directives), the accelerated implementation of ICON project locally and the provision of funded places for vulnerable 1-2 year olds in an education setting.
- 7.4 The group agreed further focus on parenting support was necessary. Based on “every contact counts” the group developed a professionals’ pack containing key advice and guidance for parents of new babies and information on support services available. The idea behind the pack was encourage all professionals having contact with new parents to provide advice and signposting to support services. Again the offer of free nursery places to under 2 year olds was extended and multi-agency communications were cascaded with key messages about support for parents. The group recognised that consideration of a whole system approach for parents of young children needed to be understood both during and post Covid 19. This work has now been embedded into the Early Years Partnership plan.

## **8. Family Nurse Partnership**

- 8.1 Maternal age is another known risk factor for infant mortality. In 2019, the national infant mortality rate was highest for mothers aged under 20 years. In Oldham we have had the Family Nurse Partnership for six year. This service provides intensive support for new mothers, focused on those aged under 20 years. This service supports some of our most vulnerable families.
- 8.2 Family Nurses work with clients from early in pregnancy (prior to 16 weeks gestation) and aim to improve and help clients maintain their antenatal health during their pregnancy. This can include providing information on smoking cessation, promoting staying well (including immunisation during pregnancy to protect mum and baby) and help clients to gain an understanding of changes which occur to their bodies during pregnancy.
- 8.3 Promoting good physical health ultimately supports the development of positive emotional wellbeing. Furthermore, where a client is experiencing difficulties with emotional wellbeing family nurses are able to identify and provide interventions and signpost/make referrals to other services earlier due to the frequency of visits offered.

## **9. Recommendations**

- 9.1 The Health Scrutiny committee are asked to note the data on infant mortality and support the ongoing actions to reduce infant mortality across the borough.

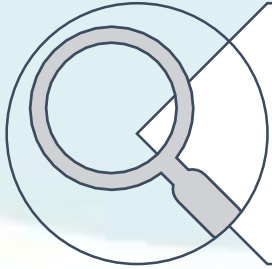
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# Transition to ICS Update for Governing Body

**Mike Barker, Strategic Director of Health & Resources / Chief  
Operating Officer**

**June 2021**

# Structure of this update



National update

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GM update



Oldham update



# National update...

Page 23

Classification: Official

Publications approval reference: PAR642



## Integrated Care Systems: design framework

Version 1, June 2021

Classification: Official

Publications approval reference:



## Guidance on the employment commitment

Supporting the development and transition towards statutory Integrated Care Systems

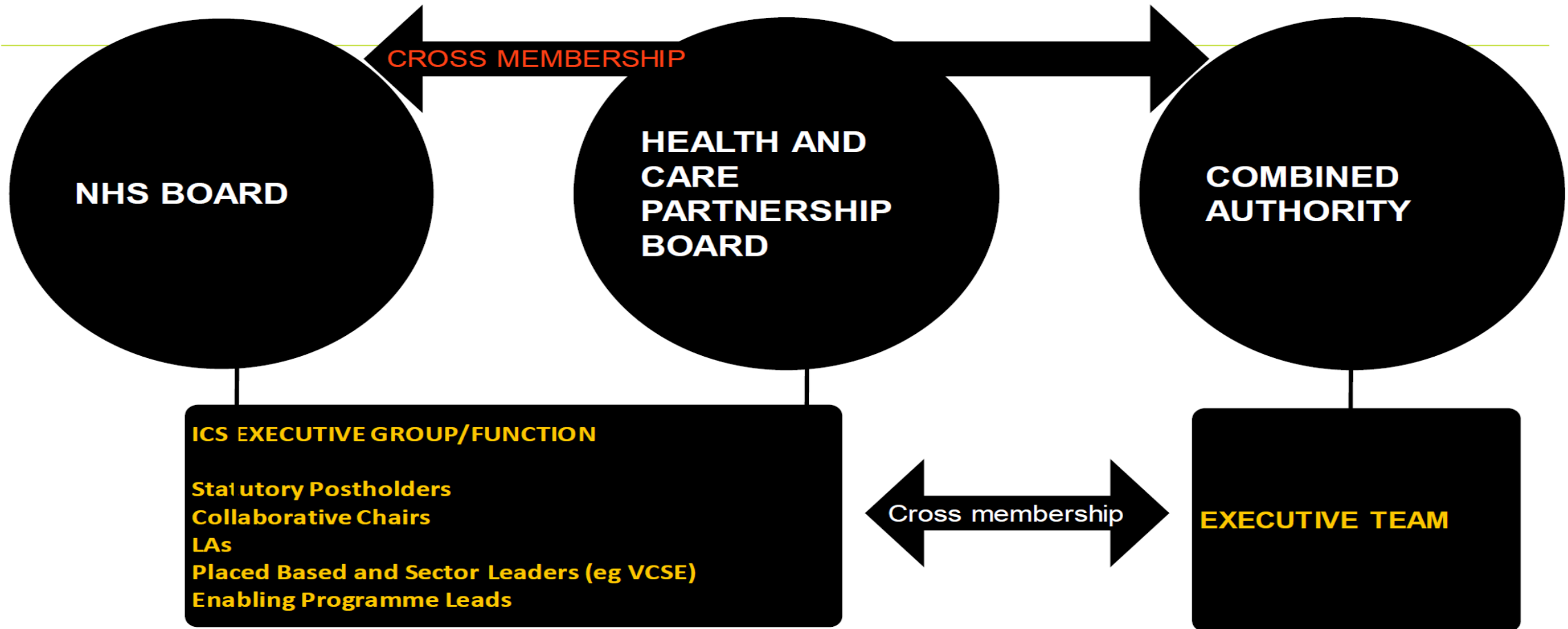
Version 1.0

June 2021



# GM update: governance

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**THE ROLE AND IMPORTANCE OF A SHARED ICS EXECUTIVE GROUP/FUNCTION**

# GM update: summary of localities positions

## Place-Based Lead

- All 10 localities working on this. Some place-based leads already agreed – subject to legislation, guidance, etc.
- Intention to maintain joint leadership arrangements – a number of localities nominating existing joint LA/CCG AO
- An expectation that specific role and its formal establishment will be a feature of national guidance

## A Locality Board: Proposed Role and Form

- All 10 are planning a Locality/System/Partnership Board – in all cases, these build on existing arrangements
- Some responses are more detailed on Board functions and membership
- In most cases, role of Board focuses on: setting strategic direction; local system oversight and assurance; accountability for pooled budgets; strategic interface with GM ICS
- Where membership is set out, it is broad: political leadership; clinical & professional leadership; providers; VCSE; citizen voice; GM ICS

## A Place-Based Provider Collaborative/Alliance or LCO

- Strong emphasis on building on local arrangements developed in last few years – and formalising these
- Range of approaches proposed: continuation and expansion of LCOs; provider partnerships/alliances; Integrated Care Partnership hosted by FT
- A number of responses focus on neighbourhoods as the heart of the delivery model
- Some localities working through options over summer

# GM update: summary of localities positions

## Pooled/Aligned Budget

- Some localities have emphasised that considerable progress has already been made in this area with extensive pooled budgets supported by joint finance leadership/teams.
- Strong commitment to maintaining these arrangements where they are in place
- Some localities have identified the LA as the 'banker'; others an FT
- This is a work in progress for some localities with options being considered – including aligning budgets across specific services

## Relationship with GM ICS

- All expect some form of accountability or responsibility agreement to be in place between GM ICS and the locality
- Localities recognise the default position of transfer of CCG staff to the GM ICS but wish to see the vast majority of these staff to be redeployed locally
- Most have described intention for GM ICS to have representation on locality board with reciprocal locality representation at GM level – recognising that detail needs to be worked through
- This is an area where localities have identified that more work is needed on finding the right balance between GM and locality in terms of planning, governance, assurance, etc.

## Clinical and Professional Expertise

- All are committed to embedding clinical/professional expertise at all levels in the new models. A number of localities are proposing a Clinical & Professional Senate
- Emphasis on creating a culture of leadership for population health rather than organisational perspective
- Some questions raised about what happens to role of current CCG Governing Body Non-Execs in new arrangements.

# GM update: functions location

- Workshop held 21 May 2021 to agree simple list of CCG functions
- Work to be completed by end June to identify current arrangements for delivery of functions by each CCG – whether in-house, from another organisation, or from joint teams

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- Next steps will include identification of WTE by function and their future direction: locality based, supporting GM or GM based, supporting locality
- ... as well as preparing for and coordinating the closedown of CCGs
  - This work will closely align with HR/workforce, clinical leadership and spatial levels workstreams

# GM update: spatial levels

- Initial drafts completed of spatial levels for decision making –using Mental Health format presented at GM workshop facilitated by Mike Farrar
- Workshop on Friday 2 July 1-4pm with across GM representation to engage further on these drafts –as not all GM groups had nominated representatives on the initial group work.
- Following the workshop, the plans will be updated and further work done on these, coordinated by named leads
- A final workshop at the end of July may be needed to conclude this work programme.

# GM update: overview of HR and OD work

The purpose of this workstream is to enable the GM system to **support its people** working within three key constructs:

1. A whole system People Plan
2. Supporting the safe transition of our people to the new ICS structure
3. Develop a People Plan for the Greater Manchester ICS

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## Progress to date:

- GM ICS People, Culture and Communications Steering Group fully established and meets on a fortnightly basis.
- GM Stability principles agreed with AO and union colleagues as a draft working document.
- GM ICS People Transition Programme Lead appointed and commenced 1 June 2021. PM post is out to offer.
- Draft HR/OD Transition plan has been developed to support the GM ISC transition.
- A series of workshops with key stakeholders will run to inform to future design and form of the GM people function.
- ICS Equality Approach has been developed to provide an overview of the issues to be addressed to maintain and enhance our ability to deliver the equality and diversity agenda as we move into a period of significant organisational change.
- Draft detailed HR & OD delivery plan developed.
- Draft national guidance reviewed in the context of GM.
- Work commenced to map the GM wellbeing offer available across the system to provide a robust, easily accessible offer to all staff.

# GM update: priority HR and OD action areas...

- Establish HR and OD/Culture delivery groups. These groups will be accountable to the People and Culture Steering Group.
- Agree Locality representation on the GM Workforce Steering Group and finalise terms of reference
- Identify all people impacted and resources available to support the change process
- Through GM PMO arrangements, make sure that the people issues associated with the transition process are always considered in other workstreams

Page 30 Develop project infrastructure

Develop appropriate support mechanisms for people including OD and wellbeing input to the new organisation

In line with the overall GM review discussions, agree where elements of the People function are best delivered – GM or locality – in the new arrangements

- Develop and implement the HR process required to transition people (in the agreed function and form) to the new organisation and ensure appropriate employment policies and procedures are in place
- Scope out the specific culture, OD and system leadership resources and programmes required to support the workforce transitioning into the GM ICS and building a new way of working

## Currently awaiting national final versions of the following :

- ICS Design framework
- ICS Employment Commitment
- ICS Change and Transition Approach – Core Principles
- Guidance on making board appointments



# Developing Oldham's integrated health and care 'place'

# Oldham update

- The health and care system in Oldham has been collectively working for some time to integrate commissioning and provision across health and social care. A blueprint was developed and the vision was ratified via Oldham's 'Locality Plan for Health and Care Transformation'.
- During the Autumn of 2020 work took place to develop a strategic narrative to move the integration of health and care in Oldham forward, following a pause in the extensive work during the initial Covid-19 emergency.
- This vision was solidified by the release of the White Paper published on 11 February 2021 (*Integrating care: Next steps to building strong and effective integrated care systems across England*) following plans first outlined in the NHS Long Term Plan.
- The narrative was revisited to ensure that the proposed operating model in Oldham complied with the direction of travel outlined via the White Paper. This narrative and all the subsequent implementation work and elements will continue to be re-visited in line with the readings of the new proposed legislation for health and social care in England.
- The work will be taken forward as part of the locality's multi-agency health and care transformation programme, with specific workstreams in place for 'system development' and 'provider development'.

# Operating model

## Drivers for change:

- To accelerate improvements in the quality of health of our local communities
- To drive a holistic, population health management-approach to local services and pathways
- To enhance sustainability of local health and care services via integration and partnership working
- To ensure a local infrastructure and framework is established to secure place-based autonomy for health and care
- To establish new and robust ways of collaborative working in line with the health and social care reforms

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## Programme workstreams:

- System development
- Provider delivery design

*Backed up and integrated with a number of other health and care transformation programme workstreams and design areas*

## Design principles:

- A single placed based 'leader'
- A system board to convene the partnership arrangements, set strategy, outcomes and allocate finances
- An Integrated Delivery Board to support the system board to bring together the 'delivery arrangements as a partnership and includes providers and commissioners –
- Population health focused, connected to wider determinants
- No boundaries between commissioning and provision – system planning and delivery orchestrated via system board
- Connected system from top to bottom – strategic Oldham population health board supported by 5 tactical neighbourhood boards
- Placed based multi-disciplinary, integrated teams
- Pooled funds and single system budgeting process
- Subsidiarity based system – do in Oldham what Oldham needs, do rest at GM level
- Intelligence led and data driven
- Rationalised or streamlined back office where it makes sense
- Professional, clinical, political leadership working together at all levels
- Becoming more influential anchor institutions - generating economic growth; bringing opportunities to education and employment; and building community assets

# The new Oldham system

**Health and Well Being Board**  
 Council Committee with partners leveraging population health gain from wider determinants not in scope of system board (business, transport, housing strategy)

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**Oldham Council**  
 Committing the relevant spend to the System Board

**GM ICS/CCG**  
 ICS statutory responsibility including allocation to System Board in each place

**Oldham Locality System Board**  
 Population Budget, Commissioner and Provider, Accountability, performance, transformation, leadership.

Delegated Spend for Care Services

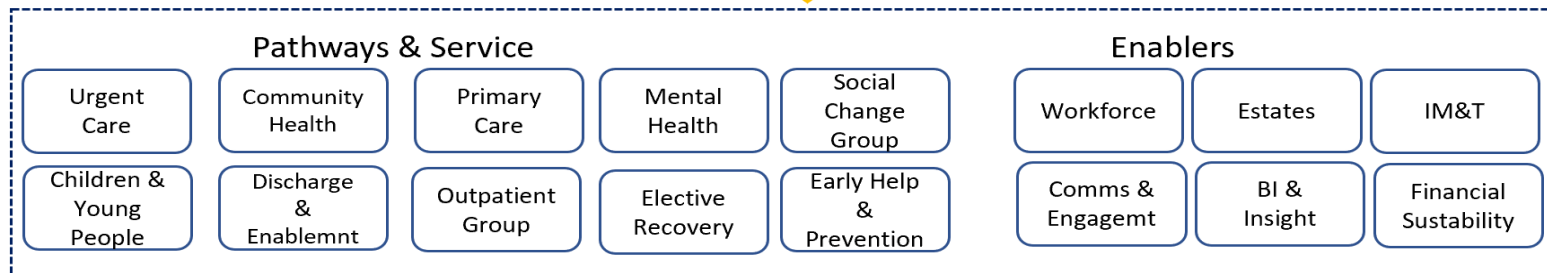
Delegated spend

Some services commissioned/planned GM wide, by agreement

Creating conditions for delivery

**Oldham Integrated Delivery Board**  
 The operational implementation of the strategic intent of the Locality System Board, comprised of reps from the health and care system partners including some wider public service partners and VCSE partners . Creating the conditions for integrated neighbourhood working

Orchestrating the delivery of the new model of care



**Borough Wide Clinical and Professional Senate –**  
 codesign, leadership, guidance, with mandated representation into the 4 tiers - neighbourhood, delivery, local system boards. GM



# Vision and objectives

- The overall vision for Oldham Cares is to **move beyond excellent service commissioning and provision to integrated strategic design and planning for population health gain with a focus on social value – one firmly on population health management, a reduction in health inequalities and enabling people to live well at home.**
- The Integration objectives have been set to deliver sustainable, effective and efficient services with significant improvements:
  - Tackling and reducing health inequalities;
  - Transforming population health outcomes;
  - Focusing on prevention and early intervention across all health and social care services, utilising links with partner agencies to reduce the dependence on commissioned services;
  - Eliminating unwarranted variation in health and care;
  - Connecting health and care - joining up secondary, community, primary and social care for all ages;
  - Connecting all partner agencies more closely to each other and the communities they serve to help everyone thrive in life and work;
  - Connecting health, care and the economy to improve economic wellbeing as well as discover, develop and deploy innovation at pace and scale; and
  - Achieving comprehensive system sustainability across health and social care for the long term.

# Workstream overview

## DEVELOPMENT OF THE OLDHAM HEALTH AND CARE SYSTEM – LOCALITY ‘PLACE’ MODEL

### WORKSTREAMS

SYSTEM DEVELOPMENT

PROVIDER DELIVERY DESIGN

### PRIORITY DESIGN AREAS

INTEGRATION AGREEMENT

PROVIDER FORM

FINANCIAL MODEL AND  
SECTION 75 EXPANSION

SYSTEM LEADERSHIP AND  
CULTURE

GOVERNANCE

### IMPLEMENTATION AND ENABLING DESIGN AREAS

ESTABLISHING RESPONSIBILITIES  
AND FUNCTIONS FOR PLACE

INTEGRATED WORKFORCE  
MODEL

CLINICAL, PROFESSIONAL AND  
MANAGERIAL LEADERSHIP  
MODEL

CCG WORKFORCE  
TRANSITION, INCLUDING  
CONSULTATION

CCG ‘SHUT DOWN’

# SYSTEM DEVELOPMENT

**This workstream will ensure that the key frameworks and governance are in place so that Oldham's health and care locality can work in a robust and integrated way, representing local communities to get the best outcomes in relation to their health and care services, accepting delegations from the new GM ICS**

## **This workstream will encompass the following activities:**

- Development of a new Oldham Health and Care System Board and Terms of Reference
- Development of a new Integrated Delivery Board and Terms of Reference
- Development of a 'phase 1' interim Integration Agreement
- Development of an enhanced pooled aligned budget under a new Section 75 agreement
- Ensuring that system developments, reforms and new legislation is built into changes accordingly
- Ensuring the communications flows are established between GM ICS and all Team Oldham partners and wider stakeholders throughout the development work

## **Workstream leads:**

- Erin Portsmouth, CCG Director of Corporate Affairs (CCG) – Health lead
- Liz Drogan, Head of Democratic Services – Team Oldham lead
- Claire Smith, CCG Director of Nursing and Quality – Clinical lead

Workstream reps from the PCNs, NCA, PCFT, OMBC (full parties), legal experts

## **General timescales:**

- By end of Q1
- By end of Q2
- By end of Q3
- By end of Q4

## **Key interdependencies:**

- Leadership and culture
- Clinical, professional and managerial leadership model
- CCG shutdown and transition
- Establishment of GM ICS
- Regulatory changes
- Financial flows
- Wider Oldham reforms
- Citizen voice and engagement

# PROVIDER DELIVERY DESIGN

This workstream will ensure that options are assessed and implementation moved forward to establish a more formalised collaborative of local health and care providers in Oldham to ensure that more succinct commissioning and contracting can take place, with formal governance arrangements so that the appropriate delegations can be put in place and that maximum autonomy remains in the locality

## This workstream will encompass the following activities:

- Agreeing service scopes
- Develop design principles, roles and functions for the collaborative
- Agreeing desired outcomes for local health and care provision and local delivery
- Assessing and appraising options for a provider model 'form'
- Assessing desired alignments, objectives and reporting metrics
- Ensuring that system developments, reforms and new legislation is built into changes accordingly
- Ensuring the communications flows are established between GM ICS and all Team Oldham partners and wider stakeholders throughout the development work

## Workstream leads:

- Erin Portsmouth, CCG Director of Corporate Affairs (CCG) – Commissioning lead
- Tamara Zatman, Head of Strategic Planning – Provider lead
- Claire Smith, CCG Director of Nursing and Quality – Clinical lead

Workstream reps from the PCNs, NCA, PCFT, DASS / DCS, MioCare (full and associate parties), VCFS, legal experts

## General timescales:

- By end of Q1
- By end of Q2
- By end of Q3
- By end of Q4

## Key interdependencies:

- Leadership and culture
- Clinical, professional and managerial leadership model
- Establishment of GM ICS
- Regulatory changes
- Contracting processes
- Development of PCNs
- Provider landscape changes
- Local neighbourhood development
- Population health management developments
- Citizen voice and engagement



## PRIORITY DESIGN AREAS (cross cutting)

INTEGRATION AGREEMENT

PROVIDER FORM

FINANCAL MODEL AND  
SECTION 75 EXPANSION

SYSTEM LEADERSHIP AND  
CULTURE

GOVERNANCE

### OBJECTIVES

- Garner formal sign up of all full and associate parties to the in-year / interim Integration Agreement
- Work to develop Integration Agreement further, following new legislation and GM ICS shadow form set-up, readying ourselves for April 2022 onwards –in particular this will need to have regard to the various ‘giving and receiving’ delegations as linked to the agreed spatial levels and relationship with GM ICS
- Undertake an option appraisal for a new provider collaborative ‘form’, that works best for the Oldham locality, but also has regard to wider footprints, interdependencies and provider funding plans
- Enhance the pooled aligned budget and ensure formal sign off of a revised Section 75 agreement
- Establish a system development plan for the locality to ensure that all feedback received during developments so far are not lost, with a focus on enhancing the partnership’s culture and collaborative leadership
- Ensure that formal Terms of Reference for all elements of the new locality governance groups are in place

## IMPLEMENTATION AND ENABLING DESIGN AREAS (cross cutting)

ESTABLISHING RESPONSIBILITIES  
AND FUNCTIONS FOR PLACE

INTEGRATED WORKFORCE  
MODEL

CLINICAL, PROFESSIONAL AND  
MANAGERIAL LEADERSHIP  
MODEL

CCG WORKFORCE  
TRANSITION, INCLUDING  
CONSULTATION

CCG 'SHUT DOWN'

### OBJECTIVES

- Agree, beyond all doubt, the responsibilities and functions for health and care at locality level
- Establish a workforce model for a strategic integrated commissioning and delivery function at place level, including the assessment of responsibilities, skills and talent (linked to the Team Oldham Workforce Strategy)
- Utilise new ways of working, embracing digital technologies, flexible working and matrix approaches
- Develop proposals for assuring, enhancing and embedding clinical and care professional leadership throughout the new place-based system
- Ensure the safe transition of the CCG workforce employment, including the robust implementation of the national HR Framework
- Ensure the safe transition of CCG responsibilities and duties, and the organisation 'shut down', including data cleanse and records management work, and due diligence

# Timeline and milestones

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**Complete** – Version 5 of Integration Agreement (IA) produced for review



**Complete** – Integrated Delivery Board (IDB) established



**11 June** – Completion of final legal resolutions and queries on IA



**18 June** – Completion of internal organisational reviews of IA



**End July** – Full ratification of IA by all parties



**End August** – Full ratification of Section 75 pooled budget expansion for 2021/22



**September** – GM ICS set-up in shadow and Oldham Health and Care System Board (System Board) established

# Take aways

A summary of the how Oldham in the context of the Greater Manchester system has delivered the Mass Vaccination Programme to date and the delivery model will evolve over the mid to long-term is outlined below:

1

Text



2  
Page 42

Text



3

Text



4

Text



**Oldham Health Scrutiny Committee**

**6 July 2021**

**Pennine Acute Trust Transaction Update**

**1 INTRODUCTION**

This report presents an update on the proposed SRFT acquisition of Oldham, Rochdale and Bury Care Organisations and related services, covering the following key areas:

- Meeting with key stakeholders
- Progress to SRFT transaction completion
- Further disaggregation of services

**2 LIAISON MEETINGS WITH KEY STAKEHOLDERS**

The section provides an update on liaison meetings with key stakeholders in the Transaction approval process.

**2.1 TRANSACTION OVERSIGHT BOARD**

A meeting of the Transaction Oversight Board was held on 25th May 2021. The meeting was chaired by Bill McCarthy, Regional Director (North West) and the NCA presented an update on progress to date against the scope of work agreed with NHSEI. The main focus of discussion was the revised LTFM (Long Term Financial Model).

**2.2 PENNINE/NCA EXEC TO EXEC MEETING**

The monthly Exec to Exec meeting with PAHT was held on 4th June 2021. The main focus was on operational performance, particularly cancer performance, there was also discussion on progress against the Oldham CQC report action plan, pressure sores and the experience of doctors in training in PAHT.

As with the Oversight Board meeting, this was an opportunity to confirm a shared view of progress against the relevant aspects of the NHSEI scope of work to achieve transaction.

It was noted that the operational issues regarding Respiratory, Dermatology and MFT Policies, referenced at the last Acquisition Committee meeting, had all been resolved successfully and no further operational issues of note had arisen.

**2.3 STOCKTAKE MEETING WITH NHSEI**

A second stocktake meeting with NHSEI will be held on 11 June 2021. This will follow a similar format to the initial meeting with a review of progress and confirmation of a shared view of the tracker.

The meeting will focus specifically on the LTFM and the Director of Finance for NHSEI, North West will be in attendance.

### **3 PROGRESS TO SRFT TRANSACTION COMPLETION**

Progress towards the SRFT Transaction at the end of September 2021 continues on plan; a view shared by all key stakeholders.

The Deloitte “Line of Sight” review has commenced with a number of individual interviews undertaken together with attendance at Oldham Care Organisation meetings. There are no significant issues to report at this stage.

The next key deliverable is the revised LTFM which will be submitted subject to approval at this Acquisition Committee meeting. The LTFM will be critical to approval of the transaction and, along with developments on partnership working, represents the most significant element of new material to be provided since April.

The Chief Finance Officer will present key assumptions and outputs from the LTFM at the meeting on 14th June 2021.

A review of the due diligence has been undertaken following a request from NHSEI. The majority of key risks have significantly reduced in scoring as a result of the work that has been undertaken over recent months.

### **4 FURTHER DISAGGREGATION OF SERVICES**

Disaggregation at 1 April 2021 was focussed on delivering a safe split of clinical and corporate services to enable the MFT commercial transaction to acquire NMGH to be executed. It was always acknowledged that further work would be required for some time to further disaggregate services and review the SLAs.

Discussions have taken place with clinical and corporate teams in the NCA and MFT to arrive at a shared view of the pace and prioritisation of further disaggregation. A joint report has been prepared by colleagues from NCA, PAHT and MFT summarising this shared view. The report will be considered by Transaction Oversight Board.

This will need to reflect the changing wider healthcare environment across GM with an increasing emphasis on joint delivery of services by providers.



**Report to HEALTH SCRUTINY COMMITTEE**

## **Key Decision Document**

**Portfolio Holder: Various**

**Report Author: Constitutional Services**

**6<sup>th</sup> July 2021**

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### **Purpose of the Report**

For the Health Scrutiny Committee to review and note the latest published Key Decision Document.

### **Executive Summary**

Overview and Scrutiny has access to the Key Decision Document and timetable for decisions and intentions for consultation. Where the overview and scrutiny function has not scrutinised an item on the Key Decision Document, but that item has implications for policy/service development, then the overview and scrutiny body will have full opportunity to be able to submit any comments to the relevant Cabinet Member/Chief Officer during the course of the consultation process in relation to any key decision.

### **Recommendations**

The Health Scrutiny Committee is asked to note the Key Decision Document and to provide any comments.

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**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2021**

<b>Key Decision Reference</b>	<b>Subject Area For Decision</b>	<b>Led By</b>	<b>Decision Date</b>	<b>Decision Taker</b>
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**Economic and Social Reform Cabinet Portfolio**

ESR-01-21	GM Electric Vehicle Charging Infrastructure Strategy (EVCI)	Deputy Chief Executive – Helen Lockwood	July 2021	Cabinet
Description: Strategic property acquisition Document(s) to be considered in public or private: GM Electric Vehicle Charging Infrastructure Strategy				
ESR-10-17	Western Gateway Town Centre Land and Property Acquisitions	Director of Economy	July 2021	Cabinet
Description: To acquire strategic land and properties across the Western Gateway of the Town Centre Document(s) to be considered in public or private: Private for financial and commercial reasons				
ESR-02-21 <b>New!</b>	Alexandra Park Eco Centre - Final Business Case/Appointment of Main Contractor	Director of Economy	July 2021	Cabinet Member - Economic and Social Reform (Leader - Cllr Arooj Shah)

## KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2021

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: Approval of Final/Full Business Case and the award of the main construction contract for the delivery of the Alexandra Park Depot/Eco Centre project</p> <p>Document(s) to be considered in public or private: Alexandra Park Eco Centre Cabinet Report of 25th January 2021, Part A</p>				
ESR-03-21 <b>New!</b>	Creating a Better Place Update	Deputy Chief Executive – Helen Lockwood	July 2021	Cabinet
<p>Description: Update on the Creating a Better Place programme.</p> <p>Document(s) to be considered in public or private: Part B - NOT FOR PUBLICATION by virtue of Paragraph(s) 3 of Part 1 of Schedule 2A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party.</p>				

### Education and Skills Cabinet Portfolio

EDS-08-19	Secondary Education Provision - Expansion of North Chadderton School	Managing Director, Children and Young People - Gerard Jones	October 2021	Cabinet Member - Education and Skills (Councillor Shaid Mushtaq)
<p>Description: The report is seeking approval to award a contract for the expansion of North Chadderton School, following the completion of a tender procurement exercise.</p> <p>Document(s) to be considered in public or private: Private</p>				

## KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2021

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
ED-01-21	Fir Bank Primary School - Nursery Extension	Director of Economy	July 2021	Cabinet
Description: Document(s) to be considered in public or private: N/A				
ED-04-21 <b>New!</b>	Opportunity Area Grant, Year 5, 2021-2022	Director of Education, Skills & Early Years - Richard Lynch	July 2021	Cabinet
Description: The purpose of this report is to seek formal approval for the receipt of section 31 grant funding to resource the Opportunity Area programme, to agree that the grant payments will be ring-fenced locally to the Opportunity Area programme and to note and endorse the recommended spending priorities identified in the Opportunity Area Plan. Document(s) to be considered in public or private: Private - NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because of information relating to the financial or business affairs of any particular person (including the authority holding the information).				

### Children and Young People Cabinet Portfolio - None

### Health and Social Care Cabinet Portfolio

HSC-02-21 <b>New!</b>	Extension to Day care services delivered by Age UK for period 1.7.21 to 30.6.22	Managing Director Community Health & Social Care Services (DASS) – Mark Warren	July 2021	Cabinet
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**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2021**

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: To authorise an extension to Day care services delivered by Age UK for period 1.7.21 to 30.6.22                      Document(s) to be considered in public or private: To authorise an extension to Day care services delivered by Age UK for period 1.7.21 to 30.6.22</p> <p>Private - commercially sensitive information</p>				

**Housing Cabinet Portfolio**

<p>Page 50 MSG-07-</p>	<p>Local Plan Review: Issues and Options</p>	<p>Deputy Chief Executive – Helen Lockwood</p>	<p>June 2021</p>	<p>Cabinet Member - Housing (Councillor Hannah Roberts)</p>
<p>Description: Oldham's Local Plan will guide development in the borough up to 2037. It will eventually replace the current plan (Joint Core Strategy and Development Management Policies DPD) which was adopted in November 2011 and any saved older planning policies.</p> <p>The Issues and Options document describes key challenges facing Oldham, sets out broad issues and presents options and questions that we need residents, businesses and interested parties in the borough to help us answer.</p> <p>Document(s) to be considered in public or private:</p>				

**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2021**

<b>Key Decision Reference</b>	<b>Subject Area For Decision</b>	<b>Led By</b>	<b>Decision Date</b>	<b>Decision Taker</b>
HSG-01-21	Chadderton Neighbourhood Area and Forum applications	Deputy Chief Executive – Helen Lockwood	July 2021	Cabinet Member - Housing (Councillor Hannah Roberts)
<p>Description: To publish and consult for six weeks the application to designate the Chadderton Partnership as a Neighbourhood Forum and the application to designate the three Chadderton wards as a neighbourhood area, in line with the requirements set out in the Neighbourhood Planning (General) Regulations (2012).</p> <p>Document(s) to be considered in public or private: Area application Forum application Chadderton neighbourhood area map Constitution</p>				
HSG-02-21	Local Development Scheme 2021 Update	Director of Economy	July 2021	Cabinet
<p>Description: The Local Development Scheme (LDS) is the project plan for the Local Plan. It sets out details and timetables about the planning documents that are to be prepared as part of the Local Plan, including joint development plan documents.</p> <p>Document(s) to be considered in public or private:</p>				
HSG-03-21	Housing Delivery Action Plan Update	Director of Economy	July 2021	Director of Economy

**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2021**

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: The Housing Delivery Action Plan Update has been prepared in response to the Housing Delivery Test (HDT) measurement published January 2021. It sets out the root causes for housing delivery within Oldham, the key issues and how the council intends to improve delivery, in order to ensure that we provide a diverse Oldham Housing offer that is attractive and meets the needs of different sections of the population at different stages of their lives. Document(s) to be considered in public or private:</p>				
HSG-04-21	Education Contributions Interim Planning Position Paper	Director of Economy	July 2021	Director of Economy
<p>Description: The planning position paper sets out how the council will deal with education developer contributions for the borough when determining planning applications for new residential development which may impact on school place provision. Document(s) to be considered in public or private: Education Contributions Interim Planning Position Paper - public.</p>				
HSG-05-21	Statement of Community Involvement 2021 Update	Director of Economy	July 2021	Cabinet
<p>Description: The Statement of Community Involvement (SCI) outlines when and how we will engage the community in the preparation of the Local Plan and other planning documents. Document(s) to be considered in public or private:</p>				
HSG-06-21	Places for Everyone Publication Plan 2021: A Joint Development Plan Document for 9 Greater Manchester Local Authorities (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Tameside, Trafford and Wigan)	Director of Economy	July 2021	Cabinet

**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2021**

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: Places for Everyone Publication Plan 2021: A Joint Development Plan Document for 9 Greater Manchester Local Authorities (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Tameside, Trafford and Wigan) Document(s) to be considered in public or private:				
HSG-07-21 <b>New!</b>	Brownfield Housing Land Grant Agreements	Deputy Chief Executive – Helen Lockwood	July 2021	Cabinet
Description: To approve entering in Brownfield Housing Land Grant Agreements with GMCA for Derker and Southlink. Document(s) to be considered in public or private: Report				
<b>Neighbourhoods Cabinet Portfolio</b>				
NC-04-21	GM Clean Air Final Plan	Deputy Chief Executive – Helen Lockwood	July 2021	Cabinet
Description: To agree Greater Manchester’s Clean Air Plan (GM CAP) following a review all the information gathered through the GM CAP and Minimum Licensing Standards consultations. Document(s) to be considered in public or private: Report (public)				

**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2021**

<b>Key Decision Reference</b>	<b>Subject Area For Decision</b>	<b>Led By</b>	<b>Decision Date</b>	<b>Decision Taker</b>
NC-08-21 <b>New!</b>	Transport Plan Capital Programme 2021/22	Deputy Chief Executive – Helen Lockwood	July 2021	Cabinet Member - Neighbourhoods (Deputy Leader - Councillor Amanda Chadderton)
Description: Approval of 2021/22 programme of Local Transport Plan funded schemes Document(s) to be considered in public or private: No - Financial information included				
NC-07-21 <b>New!</b>	Approval to award the hire of Winter Gritting Vehicles.	Deputy Chief Executive – Helen Lockwood	July 2021	Cabinet Member - Neighbourhoods (Deputy Leader - Councillor Amanda Chadderton)
Description: To seek approval to award the hire of winter gritting machines Document(s) to be considered in public or private: N/A				
NC-06-21 <b>New!</b>	Clean Streets	Deputy Chief Executive – Helen Lockwood	July 2021	Cabinet



**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2021**

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: It is recognised that clean streets are a priority and this report is to refocus the approach and identify additional resource required in street cleaning and enforcement.</p> <p>Document(s) to be considered in public or private: Report (private)</p> <p>NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because the report contains information relating to the financial or business affairs of the Council.</p>				

**Corporate Services Cabinet Portfolio - None**

<span style="writing-mode: vertical-rl; transform: rotate(180deg); position: absolute; left: -40px; top: 50%; font-weight: bold;">Page 9 of 9</span> <b>Finance and Low Carbon Cabinet Portfolio</b>				
PLC-04-21 <b>New!</b>	<b>Report of the Director of Finance – Capital Programme &amp; Capital Strategy for 2022/23 to 2026/27</b>	Director of Finance – Anne Ryans	February 2022	Cabinet
<p>Description: To consider the Council’s Capital programme and capital strategy</p> <p>Document(s) to be considered in public or private: Proposed Report: Report of the Director of Finance – Capital Programme &amp; Capital Strategy for 2022/23 to 2026/27</p> <p>Various appendices.</p> <p>Report to be considered in Public.</p>				

**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2021**

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
FLC-05-21 <b>New!</b>	Statement of the Chief Financial Officer on Reserves, Robustness of Estimates and Affordability and Prudence of Capital Investments in the 2022/23 budget setting process	Director of Finance – Anne Ryans	February 2022	Cabinet
<p>Description: To consider the statement of the robustness of estimates and adequacy of the reserves in the 2022/23 budget setting process.</p> <p>Document(s) to be considered in public or private: Proposed Report: Statement of the Chief Financial Officer on Reserves, Robustness of Estimates and Affordability and Prudence of Capital Investments in the 2022/23 budget setting process.</p> <p>Various Appendices.</p> <p>Report to be considered in Public</p>				
FLC-06-21 <b>New!</b>	Report of the Director of Finance – Revenue Budget 2022/23 and Medium Term Financial Strategy 2022/23 to 2026/27	Director of Finance – Anne Ryans	February 2022	Cabinet
<p>Description: To consider the Administration’s detailed revenue budget reduction proposals and the presentation of the Medium Term Financial Strategy for the Council (2022/23 to 2026/27) incorporating the current policy landscape and Local Government Finance Settlement.</p> <p>Document(s) to be considered in public or private: Proposed Report Title:                      Report of the Director of Finance – Revenue Budget 2022/23 and Medium Term Financial Strategy 2022/23 to 2026/27</p> <p>Background Documents: Various appendices.</p> <p>Report to be considered in Public</p>				

**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2021**

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
FLC-07-21 <b>New!</b>	Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2021/22 – Month 3	Director of Finance – Anne Ryans	August 2021	Cabinet
<p>Description: The report provides an update on the Council's 2021/22 forecast revenue budget position and the financial position of the capital programme as at Month 3.</p> <p>Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2021/22 – Month 3</p> <p>Background Documents: Various appendices</p> <p>Report to be considered in Public</p>				
FLC-08-21 <b>New!</b>	Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2021/22 – Month 6	Director of Finance – Anne Ryans	November 2021	Cabinet
<p>Description: The report provides an update on the Council's 2021/22 forecast revenue budget position and the financial position of the capital programme as at Month 6.</p> <p>Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2021/22 – Month 6</p> <p>Background Documents: Various appendices</p> <p>Report to be considered in Public</p>				
FLC-09-21 <b>New!</b>	Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2021/22 – Month 8	Director of Finance – Anne Ryans	February 2022	Cabinet

**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2021**

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: The report provides an update on the Council's 2021/22 forecast revenue budget position and the financial position of the capital programme as at Month 8.  Document(s) to be considered in public or private: Proposed Report Title:  Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2021/22 – Month 8</p> <p>Background Documents: Various appendices</p> <p>Report to be considered in Public</p>				
<p>PLC-10-21 New!</p>	<p>Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2021/22 – Month 9</p>	<p>Director of Finance – Anne Ryans</p>	<p>March 2022</p>	<p>Cabinet</p>
<p>Description: The report provides an update on the Council's 2021/22 forecast revenue budget position and the financial position of the capital programme as at Month 9.  Document(s) to be considered in public or private: Proposed Report Title:  Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2021/22 – Month 9</p> <p>Background Documents: Various appendices</p> <p>Report to be considered in Public</p>				
<p>FLc-11-21 New!</p>	<p>Report of the Director of Finance – Treasury Management Review 2020/21</p>	<p>Director of Finance – Anne Ryans</p>	<p>July 2021</p>	<p>Cabinet</p>

**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2021**

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: The Annual Review of Treasury Management activity during the year compared to the Treasury Management Strategy 2020/21.  Document(s) to be considered in public or private: Proposed Report Title:  Report of the Director of Finance – Treasury Management Review 2020/21</p> <p>Background Documents: Appendices</p> <p>Report to be considered in Public</p>				
<p>FLC-12-21  <b>New!</b></p>	<p>Report of the Director of Finance – Treasury Management Strategy Statement 2022/23</p>	<p>Director of Finance – Anne Ryans</p>	<p>February 2022</p>	<p>Cabinet</p>
<p>Description: To consider the Council’s Treasury Management Strategy for 2022/23 - including Minimum Revenue Provision Policy Statement, Annual Investment Strategy and Prudential Indicators  Document(s) to be considered in public or private: Proposed Report Title:  Report of the Director of Finance – Treasury Management Strategy Statement 2022/23</p> <p>Background Documents: Appendices</p> <p>Report to be considered in Public</p>				
<p>FLC-13-21  <b>New!</b></p>	<p>Report of the Director of Finance – Treasury Management Strategy Mid-Year Review 2021/22</p>	<p>Director of Finance – Anne Ryans</p>	<p>November 2021</p>	<p>Cabinet</p>

**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2021**

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: Review of the performance for the first half of the financial year in relation to the Treasury Management Strategy for 2021/22.  Document(s) to be considered in public or private: Proposed Report Title:  Report of the Director of Finance – Treasury Management Strategy Mid-Year Review 2021/22.</p> <p>Background Documents: Appendices</p> <p>Report to be considered in Public</p>				
<p>PLC-14-21  <b>New!</b></p>	<p>Report of the Director of Finance - Budget 2022/23 – Determination of the Tax Bases for Council Tax Setting and for Business Rates Income Purposes</p>	<p>Director of Finance – Anne Ryans</p>	<p>December 2021</p>	<p>Cabinet</p>
<p>Description: The Determination of the Tax Bases for Council Tax Setting and for Business Rates Income for use in 2022/23 budget deliberations.  Document(s) to be considered in public or private: Proposed report: Report of the Director of Finance - Budget 2022/23 – Determination of the Tax Bases for Council Tax Setting and for Business Rates Income Purposes</p> <p>Various appendices.</p> <p>Report to be considered in Public</p>				
<p>FLC-15-21  <b>New!</b></p>	<p>Joint Report of the Deputy Chief Executive People and Place and Director of Finance – Housing Revenue Account Estimates for 2022/23 to 2026/27 and Proposed Outturn for 2021/22.</p>	<p>Deputy Chief Executive – Helen Lockwood, Director of Finance – Anne Ryans</p>	<p>February 2022</p>	<p>Cabinet</p>

**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2021**

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: The Housing Revenue Account (HRA) Outturn Estimates for 2021/22, the detailed budget for 2022/23 and the Strategic HRA Estimates for the four years 2023/24 to 2026/27.                      Document(s) to be considered in public or private: Proposed Report Title: Housing Revenue Account Estimates for 2022/23 to 2026/27 and Proposed Outturn for 2021/22</p> <p>Background Documents: Appendices</p> <p>Report to be considered in Public</p>				

**Employment and Enterprise Cabinet Portfolio**

VR-01-21	Voluntary, Community, Faith & Social Enterprise (VCFSE) Sector Infrastructure Grant	Strategic Director Communities and Reform – Rebekah Sutcliffe	July 2021	Cabinet
<p>Description: Decision regarding the award of the VCFSE Infrastructure Grant                      Document(s) to be considered in public or private: Private - NOT FOR PUBLICATION by virtue of Paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because the report contains information relating to the financial and business affairs of an organisation.</p>				

**Commissioning Partnership Board**

**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JULY 2021**

<b>Key Decision Reference</b>	<b>Subject Area For Decision</b>	<b>Led By</b>	<b>Decision Date</b>	<b>Decision Taker</b>
CPB-06-20	Section 75 Agreement	Chief Executive/Accountable Officer NHS Oldham CCG	July 2021	Commissioning Partnership Board
Description: To provide notification of decisions to be taken by the Commissioning Partnership Board Document(s) to be considered in public or private: Reports to be considered in private due to commercial sensitivity and details related to financial and business affairs of the Council, its partners and service providers.				

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**Key:**

**New!** - indicates an item that has been added this month

**Notes:**

1. The procedure for requesting details of documents listed to be submitted to decision takers for consideration is to contact the Contact Officer contained within the Key Decision Sheet for that item. The contact address for documents is Oldham Council, Civic Centre, West Street, Oldham, OL1 1UH. Other documents relevant to those matters may be submitted to the decision maker.
2. Where on a Key Decision Sheet the Decision Taker is Cabinet, the list of its Members are as follows: Councillors Arooj Shah, Abdul Jabbar MBE, Amanda Chadderton, Shaid Mushtaq, Zahid Chauhan, Eddie Moores, Jean Stretton, Shoab Akhtar and Hannah Roberts.
3. Full Key Decision details (including documents to be submitted to the decision maker for consideration, specific contact officer details and notification on if a report is likely to be considered in private) can be found via the online published plan at: <http://committees.oldham.gov.uk/mgListPlans.aspx?RPId=144&RD=0>





**Report to HEALTH SCRUTINY COMMITTEE**

## **Health Scrutiny Committee Work Programme 2021/22**

**Chair:** Councillor Yasmin Toor

**Lead Officer:** Elizabeth Drogan, Statutory Scrutiny Officer

**Report Author:** Mark Hardman, Constitutional Services Officer

**6<sup>th</sup> July 2021**

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### **Purpose of the Report**

For the Health Scrutiny Committee to review the Committee's Work Programme for 2021/22.

### **Recommendations**

The Health Scrutiny Committee is asked to note and comment on the attached Health Scrutiny Committee Work Programme 2021/22.

## 1. Background

- 1.1 Overview and Scrutiny Procedure Rule 4.1 requires each Overview and Scrutiny Committee to prepare and maintain a Committee Work Programme.
- 1.2 The Health Scrutiny Committee Work Programme presents the issues that the Committee will be considering and scrutinising during the 2021/22 Municipal Year. The Health Scrutiny Committee is working to new terms of reference as agreed by the Council in June 2020 -
- a) To discharge all health scrutiny functions of the Council under s 21-23 and 26-27 of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 including:
    - the review and scrutiny of any matter relating to the planning, provision and operation of the health service in the Council's area;
    - the making of reports and recommendations to relevant NHS bodies and health service providers;
    - responding to proposals and consultations from NHS bodies in respect of substantial variations in service provision and any other major consultation exercises;
    - referral of comments and recommendations on proposals referred to the Committee by a relevant NHS body or relevant service provider to the Secretary of State if considered necessary; and
    - all matters relating to Healthwatch.
  - b) To scrutinise the work of the Health and Wellbeing Board, including the development, implementation, review and monitoring of the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.
  - c) To scrutinise the development and implementation of any joint arrangements established under a s75 Agreement between the Council and a relevant NHS organisation.
  - d) To scrutinise public health services generally.
  - e) To scrutinise issues identified as requiring improvement by external assessors in respect of social care matters.
  - f) To establish Task and Finish groups, Inquiries etc to give in depth consideration to issues within the purview of the Committee.
  - g) To consider called in business arising from the Commissioning Partnership Board.
  - h) To consider relevant matters referred from Council in accordance with Council Procedure Rule 10.11(g).
  - i) To make recommendations to the Cabinet, Health and Wellbeing Board, the Commissioning Partnership Board or to any partner organisation on issues scrutinised relevant to those bodies.
  - j) To participate in/and or review the considerations of any joint committee established to respond to formal consultations by an NHS body on an issue which impacts on the residents of more than on Overview and Scrutiny Committee area.
- 1.3 In drafting the Committee Work Programme, the work programmes and outcomes from the three overview and scrutiny bodies that worked through the 2020/21 Municipal Year were reviewed by the Statutory Scrutiny Officer and officers from Constitutional Services in consultation with the Chairs of the former and current Overview and Scrutiny Committees, with business being assigned in accordance with the agreed terms of reference for the three new Overview and Scrutiny Committees. This process is not intended to replicate

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previous years business but looks to ensure that ongoing, longer term oversight of particular issues is not lost in the move from one structure to another.

- 1.4 The Health Scrutiny Committee has retained its delegated powers to undertake the Council's statutory health scrutiny function, the principal elements of which are specified in the terms of reference. Since establishment of those statutory responsibilities much has changed in both NHS structures and service delivery, not least in developing integrated health and social care services. The progress of integration means it would be difficult to meaningfully separate out health scrutiny from scrutiny of the Council's social care services that fall in scope of the 'Section 75 Agreement' between the Council and the Oldham Clinical Commissioning Group (CCG) without the risk of significant duplication of time and effort. As a result, the Committee now holds some responsibility for scrutiny relating to social care. Reflecting this, the Committee has a particular scrutiny role with regard to the Commissioning Partnership Board. Reflecting a broader definition of 'health' than the statutory function, the Committee has a 'lighter touch' scrutiny role in respect of the Health and Wellbeing Board and matters related to the Council's Public Health function.
- 1.5 Since approval of the new terms of reference, a White Paper "Integration and Innovation: Working Together to Improve Health and Social Care for All" has been published which proposes change to the structure and delivery of local health and social care services. The Committee will be scrutinising the implications of the White Paper and its passage into law, a process which may lead to further consideration of the Committee's terms of reference over the coming months.
- 1.6 Overview and scrutiny should be regarded as a 'dynamic' process in that issues, particularly corporate issues, should be expected to pass from one Committee to another at appropriate times: for example, activities and services following from approval of a Policy would in many cases be expected to be monitored by the Performance Overview and Scrutiny Committee. In all cases, the flow of business across Committees would be managed by the Statutory Scrutiny Officer in consultation with the Chairs and Vice Chairs of the Overview and Scrutiny Committees. It should, however, be noted that the scheduling of Committee business is, to some degree, in the hands of others: for example, the Council and the various partners contributing to the work of the Committee each have their own business cycles.
- 1.7 The Health Scrutiny Committee Work Programme at this stage only notes business scheduled for meetings of the Committee. However, the use of workshops or of task and finish groups are a tool of the overview and scrutiny function, enabling longer and more in-depth consideration of issues than is possible in a Committee setting. Such events will be recorded in the Work Programme as they are called for, scheduled and held.
- 1.8 The initial Health Scrutiny Committee Work Programme 2021/22 is attached as an Appendix to this report. The Work Programme will be updated and re-submitted to each meeting of the Committee (excluding dedicated budget meetings) as the year progresses.

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## HEALTH SCRUTINY COMMITTEE

### WORK PROGRAMME 2021/22

Tuesday 6 <sup>th</sup> July 2021	Infant Mortality	A report highlighting some of the activity that is happening to address issues of infant mortality.	Portfolio - Health and Social Care. Director of Public Health. Rebecca Fletcher, Consultant in Public Health	The 2020/21 Health Scrutiny Committee work programme included a proposed workshop, or similar, to look at local issues relating to infant mortality.
	NHS White Paper - Integration and innovation: working together to improve health and social care for all	To receive an update on matters/issues arising from the NHS White Paper	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director	The Health Scrutiny Committee, at their meeting in March 2021, requested further reports on the detail of the White Paper and on developments that follow.
	Pennine Acute Transaction - update	To provide an update on the Pennine Acute Transaction Programme.	David Jago, Chief Officer, Pennine Acute Hospitals NHS Trust	The Health Scrutiny Committee resolved in March 2021 that the Pennine Acute Transaction remain a standing item for six months pending completion of the Transaction in September 2021.
Tuesday 7 <sup>th</sup> September 2021	Healthy Child Programme	To report on changes to health visiting and school nursing services in the coming year	Portfolio - Health and Social Care. Director of Public Health. Rebecca Fletcher, Consultant in Public Health.	

	Elective waiting lists and clinical prioritisation considerations	A report on local and Greater Manchester-wide elective waiting lists and clinical prioritisation considerations	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director.	Report requested by the Health Scrutiny Committee in March 2021 on consideration of NHS developments and planning for 2021/22, and particularly considering Covid-19 recovery.
	NHS White Paper - Integration and innovation: working together to improve health and social care for all	To receive an update on matters/issues arising from the NHS White Paper	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director	The Health Scrutiny Committee, at their meeting in March 2021, requested further reports on the detail of the White Paper and on developments that follow.
	Pennine Acute Transaction - update	To provide an update on the Pennine Acute Transaction Programme.	David Jago, Chief Officer, Pennine Acute Hospitals NHS Trust	The Health Scrutiny Committee resolved in March 2021 that the Pennine Acute Transaction remain a standing item for six months pending completion of the Transaction in September 2021
Tuesday 19 <sup>th</sup> October 2021	NHS White Paper/Health and Care Bill	To receive an update on matters/issues arising from the NHS White Paper	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director.	The Health Scrutiny Committee, at their meeting in March 2021, requested further reports on the detail of the White Paper and on developments that follow.
Tuesday 7 <sup>th</sup> December 2021	Implementation of the GM Learning Disabilities Strategy in Oldham Council	To update the Committee on implementation.	Portfolio - Health and Social Care. Mark Warren, Managing Director Community	A 12-month update requested by the Health Scrutiny Committee, 8th December 2020

			Health and Adults Social Care (DASS).	
	NHS White Paper/Health and Care Bill	To receive an update on matters/issues arising from the NHS White Paper	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director.	The Health Scrutiny Committee, at their meeting in March 2021, requested further reports on the detail of the White Paper and on developments that follow.
Tuesday 18 <sup>th</sup> January 2022	Health Improvement and Weight Management Service	To receive an update/progress report on the new service that commenced in January 2021	Portfolio - Health and Social Care. Katrina Stephens, Director of Public Health.	A 12-month update requested by the Health Scrutiny Committee, 26th January 2021
	Sexual Health Service	To report on implementation of arrangements established under the new Sexual Health Service main contract.	Portfolio - Health and Social Care. Director of Public Health. Andrea Entwistle, Public Health Business and Strategy Manager.	
	NHS White Paper/Health and Care Bill	To receive an update on matters/issues arising from the NHS White Paper	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director.	The Health Scrutiny Committee, at their meeting in March 2021, requested further reports on the detail of the White Paper and on developments that follow.
Tuesday 8 <sup>th</sup> March 2022	NHS White Paper/Health and Care Bill	To receive an update on matters/issues arising from the NHS White Paper	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director.	The Health Scrutiny Committee, at their meeting in March 2021. requested further reports on the detail of the White Paper and on developments that follow.

	Thriving Communities Programme - Evaluation	To receive the final Thriving Communities Programme evaluation report.	Portfolio - Health and Social Care. Strategic Director – Communities and Reform. Rachel Dyson, Thriving Communities Hub Lead	The item was requested by the former Overview and Scrutiny Board at their meeting held in March 2021.

**BUSINESS TO BE PROGRAMMED**

Reporting arrangements in respect on integrated commissioning under Section 75 Agreements, to include periodic updates and budget performance, from the Chief Operating Officer/Strategic Director and the Director of Finance respectively, remain to be programmed.

An update from the Chief Operating Officer/Strategic Director on the Urgent Care Review, last reported to the Committee in September 2020 at which the intentions for further developments and the involvement of the public were advised, remains to be programmed.